

Emergency Sheltering (formerly Special Needs) Caches SBAR
Center for Local Public Health Services
January 20, 2015

1. **Situation:** As of December 31, 2015, MOUs between DHSS and 18 storage sites for emergency caches expire. Because of changing needs, replacement costs of expired/expiring supplies, and availability of other local and regional resources, DHSS is considering not renewing these MOUs.
2. **Background: (Relevant background data about current situation and current and past approaches to the situation)**
 2. Most of the storage sites are at LPHAs or coordinated by LPHAs (13 of the 18). Information gathered from site visits approximately two years ago found there had been no full deployment of any caches and only limited use of some of the caches. It was suggested by one of the storage sites that DHSS consider not replacing the ibuprofen and anti-diarrheals as they expire relatively quickly and it would be a rare emergency event in which the responding entities would not have access to either of these over-the-counter medications if they were needed. As well, it was suggested that the glucometer technology changes so rapidly that the glucometers be phased out; replacement strips for the existing glucometers are very difficult to find and quite expensive, also expiring fairly rapidly. In this regard, most of the storage sites have more modern glucometers available on-site that could be transported to a shelter should the need arise. Following these suggestions, these replacement items were subsequently discussed with each site and there seemed to be general consensus that the replacement of ibuprofen, anti-diarrheals and glucometer strips should be discontinued. Additionally, the storage sites were keenly aware that the remainder of supplies, even though most do not carry an expiration date per se, are made of materials that will degrade over time. Indeed, some may be nearing the end of their shelf-life at this time.

Also, during the site visits it was not uncommon for the DHSS cache to be stored right beside an American Red Cross (ARC) mass care cache. Additionally, many of the storage sites have used PHEP funds to equip a sheltering trailer for their jurisdiction. Many of the storage sites also housed a Medical Reserve Corps cache or backpack and/or the ASPR-funded

medical surge trailer or cache. While the contents of these various caches are not identical, there seemed to be a consistent feeling among the storage sites that there was an increased sheltering supply capacity. As well, several of the more rural storage sites indicated they just would not be likely to open shelters in their jurisdictions as they had not been well-utilized in the past. It was noted that, when opened, the shelters were more often used for socializing and not truly for an urgent sheltering need. Many of the storage sites indicated their populace would not be prone to come to a shelter, they would shelter-in-place and often had generators on their farms, or they would stay with family/friends – they felt their population would react differently than customarily seen in more urban or suburban areas. As the discussions progressed, many of the storage sites indicated that, if queried now, they would not suggest DHSS invest in emergency sheltering caches. The exception to this trend was in southeast Missouri in Regions E and G where the four storage sites, all located in local public health agencies, felt strongly about not only maintaining the caches within their respective regions but within their local public health agency. Two LPHA directors even volunteered to assume responsibility for the maintenance and funding of resupply items if necessary to maintain the resource in their region.

3. **Assessment:** The preparedness environment has changed since these caches were originally placed. Also, the Department of Justice/Federal Emergency Management Agency guidance on functional and access needs has changed the approach to mass care sheltering, specifically as related to ‘special needs’ or functional and access needs clients. As a result, many of the communities have noticed their ARC partners approaching supply and forward placement of supplies differently.
4. **Recommendation/ Request :** The following recommendations are presented:
 - DAC representatives discuss DHSS’ plan to phase out the Emergency Sheltering caches by December 2015 and identify if any LPHA or local partners wish to assume the cache. Members will report back at the May DAC meeting by region.
 - American Red Cross will be contacted by Melissa Friel to see if the two Missouri Chapters have interest in assuming any of the caches not assumed by LPHAs

- Non-LPHA storage sites would also be notified of DHSS plans and offered an opportunity to assume the cache they store for their community
- Written notification will be required to be submitted to DHSS to Paula Nickelson at Paula.Nickelson@health.mo.gov no later than COB on Friday, July 31, 2015. Written notification must occur whether a site intends to maintain or relinquish the emergency sheltering cache. This will allow DHSS appropriate time to arrange transport and/or relocation in those instances when necessary.